Appendix D
Texas Department on Aging

A report given in response to the *1999-2004 Texas State Health Plan* goal:

Goal 5: Reduce disparity in health status among all population groups and enhance their access to quality health care by developing a diverse and culturally competent workforce.

Objective 5.2: Develop a workforce equipped to meet the needs of Texas' aging population

Texas Statewide Health Coordinating Council

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The Texas Interagency Aging Policy Council

"A Healthy Aging Texas" Subcommittee

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A Healthy Aging Texas: What Will It Take?

INTRODUCTION[1]

On New Year's Day, 2011, Texas will wake to a demographic and cultural milestone. That year marks the official beginning of the baby boomer generation's entry into retirement age. How will this generation, with its education, privilege, culture and its lifetime of habits change the way we perceive aging and how our social institutions and markets respond to it? Are Texans preparing themselves now for the best possible health outcomes as they age?

Aging is a biological fact and a normal part of the life cycle. The effects of aging are amplified when the aging person is poor, living alone, lacking social support, does not have adequate housing, or is one major illness away from being disabled. The realities that age imposes on an individual's health, and the concomitant challenges it presents to functional independence, cannot be ignored. At the same time, the debilitating conditions associated with aging are neither universal nor inevitable. We are beginning to appreciate that a number of factors that make the difference between wellness and ill health are within our control. As the segment of the Texas population beyond age 65 grows, these realities make it imperative that the issues of healthy aging are elevated in the public health policy arena.

A key to meeting the challenges of the future requires proactive and preventive decisions by Texans now. The actions taken by today's baby boomers can alleviate or prevent the health conditions that are most debilitating and life-shortening in the elder years, such as heart disease, stroke, emphysema, Type II diabetes and some cancers. The entire state population can benefit from adopting healthier lifestyles and promoting health policies that support a better quality of life for older persons. Emphasis should be placed on finding innovative approaches that will consider the characteristics of the state's aging population, their needs, and the roles of the individual, society, and government in achieving good health in old age.

Providing young and aging citizens with appropriate information to encourage better personal health practices offers one approach. Mobilization of our state resources to prepare for managing the inevitable health status challenges of an aging population can yield greater potential health cost savings well into the next century.

Perhaps our biggest challenge and our greatest opportunity lies in exploring how the social fabric of the communities of Texas, our attitudes and the quality of our intergenerational relationships can be brought to support longer, healthier and more productive lives. The concerns of an aging population will push into the center of the public policy arena as the state enters the 21st century. The discussion of strategies to achieve wellness in our aging population must move forward.

State Leaders Lead The Discussion

Indeed, Texas lawmakers have been taking notice of these issues since at least the 75th Legislative session.

In Senate Concurrent Resolution 36,[2] the Texas Department Aging was charged with:

> …promoting public and private action and conducting studies to help senior Texans achieve their highest level of economic and personal self-sufficiency, social involvement, dignity, and good health;.

In its report issued in October 1998,[3] the Texas Senate Interim Committee on Health and Human Services noted that:

> Because the number of individuals 85 years of age and older is growing at such a rapid pace, the need for health care services and daily living assistance will increase significantly.

It was also in the fall of 1998 that the Statewide Health Coordinating Council (SHCC) issued its charges that form the basis of this report. Strategy 5.2.1 of Objective 5.2 of the *Texas State Health Plan* charged TDoA and the Interagency Aging Policy Council (IAPC) to further explore these issues and provide recommendations that will better prepare state government to meet the needs of an aging Texas. Specifically, the TDoA and IAPC were to:

- Identify the health needs of an aging population.
- Forecast health professionals/specialties that will be needed to fulfill the health care needs of an aging population.
- Study and recommend health care policies and practices that enable individuals to age successfully.

One year after these charges were issued, Dr. Ben Raimer, the Chair of the SHCC, addressed the Senate Committee on Health Services,[4] which was itself charged with analyzing the preparedness of the Texas health care workforce to meet the health care needs of Texans beyond the year 2000. In his testimony Dr. Raimer spoke of telemedicine as a possible solution to the "mal-distribution of health services" in Texas, and the need for the state to not only aim health education and prevention messages at patients, but to practicing health care professionals as well.

BACKGROUND

The Health Needs of An Aging Population

> Minimizing the risk of disease and disability is of life long importance, but some of the risks change with aging and, therefore, so do the means reducing them…. The incidence of specific disease also changes with age, and the presence of certain chronic disease becomes more likely.— John Rowe and Robert Kahn, *Successful Aging*, 1998

The Texas Department of Health cites these ten diseases as the most prevalent currently in the older population of Texas:[5]

- Heart Disease — The leading cause of death for Texans over the age of 65.
- Cancer (all Cancers combined) – The second leading cause of death among Texans 65 and older. Lung cancer was the deadliest cancer, followed by prostate cancer both overall second and second among men. Breast cancer was the second leading cause of cancer death among women. Combined, heart disease and all cancers accounted for 63 percent of all deaths among Texans between the ages of 65 and 74.
- Stroke – 448.4 out of every 100,000 Texans 65 and older die from stroke each year.

- Chronic Obstructive Pulmonary Disease (COPD) — The fourth leading cause of death among Texans 65 and older. According to 1998 figures from the American Lung Association, it is climbing quickly as a primary cause of death among the elderly.
- Diabetes – The prevalence of this disease among older Texans is a growing trend. According to the Texas Behavioral Risk Factor Surveillance System's (BRFSS) survey of the Health Status and Behavior of Adult Texans conducted between 1990 and 1995, both the total numbers and percentage of older Texans with diabetes will rise as the baby boom generation enters the over 60 age group. The survey further predicted that by the year 2000, 50 percent or more persons over 60 will be diabetic.
- Pneumonia and Influenza – 203.3 out of every 100,000 Texans 65 and over died as a result of pneumonia or flu, according to 1997 figures.
- Falls, Accidental Injuries and Poisonings – Falls were the leading cause of serious injury and accidental death among older persons in the U.S. in 1994.[6] Among Texans over age 65, there were 829 Medicare hospital discharges due to hip fractures per 100,000 beneficiaries in 1995. Additionally, for every 100,000 Texans 65 and over, 95.5 died as a result of an injury or poisoning.
- Alzheimer's Disease and Related Disorders – One in ten Texans over 65, and nearly half over 85 have Alzheimer's disease or a related form of dementia.[7] Alzheimer's disease is often listed as a contributing or secondary cause of death among older people.
- Disabilities – Currently 30 percent of the aging population in Texas have functional limitations in three or more activities of daily living.[8]
- Arthritis – Arthritic conditions can manifest themselves in over 100 inflammatory and degenerative conditions that damage the joints. Arthritis leads to a limitation in every day activities and movements and is the number one cause of disability in America.

In addition, the IAPC has identified the following health-related conditions prevalent in Texas and regards them as critical health needs of an aging population:

- Mental Retardation and Developmental Disabilities – This population is growing and more are living to be older citizens, creating a need for continued care. Many are now outliving their parents, who have been their primary caregivers.

- Depression and other Mental Illnesses – It is estimated that up to 25 percent of the older population in the U.S. suffer from significant symptoms of mental illness. Depression is the most common treatable mental illness among older persons. Suicide is often the result of untreated depression, and this year the Surgeon General stated that the suicide rate is highest in the 85+ age group, nearly twice the overall national average.
- Substance Abuse – Alcohol and prescription drug misuse affects as many as 17 percent of the older adult population (Substance Abuse and Mental Health Services Administration, 1998). Substance abuse among older people is usually manifested after a life-altering event, such as the loss of a spouse or close friend. Only recently has this condition been identified as a problem among this age group.

The National Institute of Mental Health epidemiologic catchment area surveys indicate that suicide, anxiety, and alcohol and drug abuse rates in the elderly are only about one-fourth to one-third of those projected for the baby boomers as they become older adults.[9]

How Many Health Care Professionals and Specialists Will We Need?

> The needs of older adults, especially the frail or impaired, require a health care workforce knowledgeable about the systems and services of care with which the elderly interact, and the skill to provide care with these systems. The complexity of problems common to older adults often demands the knowledge and skills beyond that of individual practitioners. These competencies must be learned.[10]

In 1992 the Bureau of Health Professions reported that in the previous five years, various studies consistently portrayed health professionals as unequipped to meet the present and future health care needs of older Americans. Faculty are not prepared to teach geriatrics and gerontology; curricula of basic and graduate level education do not include aging content; limited discipline-specific aging research is being conducted; and few health care professionals are choosing to care for the elderly. Little reward, professional or financial, is being given to those who care for the elderly. And, as the Bureau of Health Professions notes, these obstacles will have far reaching effects in the near future, when as much as two-thirds of a health care professional's time may be devoted to the care of the elderly.[11]

Before the Texas Senate Committee on Health Services or the SHCC can truly assess the readiness beyond the year 2000 of our state's health care work force, it will need to regard an important fact: currently the elderly already account for a disproportionately large share of the use of physicians' time, prescriptions, and acute hospital admissions.[12] As baby boomers age the number of seniors requiring health care services will increase, and the demand will be greater than it currently is, just in terms of sheer numbers. What is difficult to project, however, is how the current lifestyle practices and generally better health of baby boomers will impact these statistics proportionately. Will heart disease, cancer and stroke still be the top three diseases of the elderly in 2025? Or will baby boomers – who are smoking far less, exercising far more and generally eating better, move those statistics to the back?

The Texas Department on Aging is in the process now of analyzing the results of a 1999 survey it conducted on baby boomers, in which some questions address boomers' utilization of preventive health practices, such as annual check ups and screenings. In addition, the Texas Department of Health maintains a monthly database that examines the prevalence of selected risk factors, e.g., smoking, diabetes, overweight, etc., among Texans aged 18 and above. Both these bodies of information should be closely studied and a trend analysis conducted to better forecast the health care work force needs of the future.

A fact illustrated in the regular surveys of 20,000 Medicare beneficiaries (approximately 99 percent of the 65 and over population), conducted by The National Long Term Care Surveys, is that advances in medicine are redefining the statistics among the elderly right now. The latest results available for the yearly survey (1994) show a continued decrease in the number of older persons unable to take care of themselves as a result of a chronic condition or disease. Although the yearly decrease is only one or two percent, the downward trend has remained consistent since 1982. A 1996 New York Times article describes the observations of Dr. Richard Suzman, Director of Demographic Research at the National Institute on Aging. Dr. Suzman observed that what this data could mean is that a rapidly growing elderly population does not necessarily equal the economic drain that it has been projected to be. (Trends reflected in the National Long Term Care Surveys show that even with the increased life spans of our population, the per capita costs of the Medicare program might be far less than expected due to better health and quality of life.) Dr. Suzman further

points out that, although people are living longer, there will continue to be a need for programs like the Medicare.

Although the cost and financing of health care is a debate much larger than this report, it does bear noting that many experts believe that there is cost-saving potential in a geriatrically prepared personnel, whose training would equip them to apply appropriate interventions that can forestall need for high-tech, high cost treatment.[13]

As stated, the IAPC believes that forecasting the number of health care professionals needed for an aging population demands further study, specific to Texas. In general however, experts within the IAPC note an urgent need for the *current* and emerging workforce to gain additional education and put into practice skills specific to the current needs of older Texans.

Health Care Policies for Successful Aging

> It's time to dispel the false and discouraging claim that old age is too late for efforts to reduce risk and promote health.—Drs. Rowe and Kahn, *Successful Aging*.

According to Drs. Rowe and Kahn, successful aging is defined by the ability to maintain three key factors within one's life:

- Low risk of disease and disease-related disability – Referring not only to the absence of disease or illness, but also to the absence of the risk factors for particular diseases.
- Maintaining mental and physical function – Maintaining a high level of overall functioning requires both physical and mental abilities that are substantially independent of each other. These abilities tell us what a person is capable of, not necessarily what they do. Successful aging needs to go beyond potential and needs to involve activity.
- An active engagement with life – This takes many forms, but *Successful Aging* is most concerned with two – relationships and behavior that is productive.

Drs. Rowe and Kahn further establish that it is a combination of all three of these factors in one's life that represents successful aging, and that each of these factors is itself a combination of factors.

Preventive health practices and screenings are probably one area in which all aspects of the health care sector (treatment, health care financing whether government or private, facilities and personnel) are affected. As a result of practicing preventive health, there is possible reduction in expenses and needs for prolonged medical treatment, hospitalizations, or other acute medical treatment decrease. Preventive health practices and screenings seem to be very crucial components in equipping Texas' health care professionals to meet the needs of our aging population.

The benefits of preventive health practices and screenings have proven to lessen the incidence of certain conditions such as flu and pneumonia, which can develop into more severe conditions, sometimes resulting in death; as well as successfully detecting and treating other conditions such as breast and prostrate cancer. A concerted effort on the part of all parties involved in the health care sector to promote preventive health practices and screenings will undoubtedly have a positive effect on the quality of life of our aging population. Such an effort will also have a tremendous positive impact on the health care sector in terms of ability to handle demand and overall expense.

But what about "maintaining mental and physical function" and "continuing engagement with life" so emphasized by Drs. Kahn and Rowe? The IAPC felt so strongly about such things as the influence of adequate housing, life long learning, meaningful and productive work, etc., upon one's overall health, that some general observations about these issues are addressed in the "Additional Policy Areas Related to A Healthy Aging Texas," section of the this report.

Access to Health Care—One Fundamental Issue

As Dr. Raimer noted to the Senate Health Services Committee in the fall of 1999, prevention and technology may well be our best defenses for a healthy state, because—as the IAPC notes—*where the services are and getting to them* is a critical problem for Texas.

In dozens of public hearings held by both the Health and Human Services Commission and the Texas Department on Aging throughout the state in 1999, transportation services were cited by citizens, advocates and professionals as one of the top most unmet needs across Texas communities. The Texas Health and Human Services Commission, in its 1998 report *Community Transportation in Texas,*[14] substantiates this concern. The report describes two major pressures challenging our state's community transportation system:

- A change in the type of services demanded because of social initiatives like welfare-to-work, an increasingly aging population, and suburban development causing a "spatial" or geographic mismatch between demand and services; and
- …as the number of [transportation] programs climbs, the duplication of effort and inefficiency also climb.

Moreover, a 1995 National Personal Transportation Study predicted that as the baby boomer generation ages, travel limitation associated with declining health will place an added strain on existing transit (demand) services, and, collectively, mobility may decline.

In crafting its response to the SHCC regarding the first charge, *identify the health needs of an aging population,* the IAPC found itself returning over and over again to the issue of transportation, or more simply, the ability of people to get to where the services are. The IAPC concluded that transportation is, in a very real sense, a chief service need related to health care access among older Texans. Therefore, the IAPC asserts here that state leaders should turn their attention to the ongoing analysis and recommendations issued by the Health and Human Services Commission.

Paying for Health Care—Another Fundamental Issue[15]

While most older Texans qualify for Medicare coverage for routine curative care at age 65, a large number still cannot afford the co-payments and deductibles associated with the program. Supplemental insurance is a costly option and prohibitive for many. Moreover, Medicare does not pay for prescription drugs, causing an alarming number of frail and low-income older people to have to choose between medicines and rent, or food. Some HMOs who offer Medicare products offer drug benefits, but

HMOs are available only in select areas of the state, and Texas has recently suffered a staggering "pull-out" of HMOs from the Medicare business altogether.

Medicaid and related benefits such as the Qualified Medicare Beneficiary benefit are also options, but only if the older person meets certain income limits. Fixed incomes put large numbers of Texas seniors over those limits, yet still they are financially strapped.

And then there is the segment of younger elderly who are not yet eligible for Medicare, but do not have private insurance, mostly people who are out of the labor force before age 65.

Previously some of these early retirees could expect continued employer-sponsored retiree health insurance until age 65, but lately employer coverage for them has fallen significantly, due to businesses' concerns about future financial liability from such coverage (Alpha Center, 1998).

The number of aging Texans who will fall into this coverage gap vary not only as a function of demographic growth, but also by socioeconomic employment trends. These include early retirement, layoff of older employees, dropping of retirement coverage by employers, and the retirement of employees from jobs that had never offered health care benefits at all.

Finally, and perhaps most critical in our state, older people and people with disabilities often need health-related services that support their functional needs, (and their overall health) but they are not considered "medically necessary" services, and therefore not covered by Medicare and other benefits. Long-term care insurance poses another option here, but once again, availability and cost loom as barriers.

INTERAGENCY AGING POLICY COUNCIL RECOMMENDATIONS

Recommendation One: Establish partnerships between federal and state government entities and the managed care and insurance industries to formulate initiatives that will result in aggressive promotion of preventive health practices and screenings. As part of its federal mandate to serve as a visible advocate for

older persons, the Texas Department on Aging should call upon the Medicare program and encourage it to continue its progressive trend of covering the cost of a variety of health screenings, in addition to adding more health screenings to the list of benefits.

Recommendation Two: Call upon the Health Care Financing Administration (HCFA) and Congress to include prescription drug coverage in the Medicare program. Additionally,

- The Texas Legislature and the Texas Department of Human Services should increase the existing prescription drug coverage available through the state Medicaid program.
- The legislature should consider funding a prescription drug pilot program that would benefit older Texans that are forced to pay full price for their prescriptions as a result of being caught in the gap of not being poor enough to qualify for Medicaid benefits, and at the same time not able to afford a Medigap policy with a prescription benefit or enrollment in a Medicare HMO (where available). The legislature should call on the Health and Human Services Commission, Texas Department of Human Services, the Texas Department on Aging and area agencies on aging, and various providers to formulate a proposal for such a program, which would establish eligibility criteria and scope of coverage. The proposal for such a program should be based on analysis of similar program models in other states, such as Pennsylvania, Minnesota or Illinois. This pilot program would serve as a gauge of feasibility for statewide implementation of such a program.

Recommendation Three: Include injury/fall prevention messages in the Texas Department on Aging statewide public awareness campaigns.

Recommendation Four: The Texas Department on Aging and the Texas Department of Health should jointly analyze in depth the current health habits and risk factors of Texas baby boomers. The two agencies should examine the Texas Department on Aging's 1999 Baby Boomer study and the Texas Department of Health's Behavioral Risk Factor Surveillance data, as well as any follow-up studies.

Recommendation Five: Promote and/or create incentives for students to choose geriatrics either as a specialty or sub-specialty.

- Emphasis should be placed on mental health issues, particularly in recognizing and treating depression and substance abuse.

Recommendation Six: Conduct a geographic analysis of the top 25 counties in Texas with the lowest ratio of physicians and other health care professionals to the 60 + population, as well as to the 40 - 60 population. This will serve as an initial step in identifying the areas of the state currently most in need of adequately trained health care professionals, in addition to indicating potential needs over the next 20 years as the bulk of the baby boomers comprise the 60+ age group.

Recommendation Seven: Explore mechanisms that encourage the insurance industry to provide greater emphasis on preventive care for all ages.

Recommendation Eight: Explore the feasibility of replicating all-inclusive care projects such as the El Paso PACE project should be aggressively studied; federal barriers relating to solvency requirements for nonprofit agencies to operate such projects should be analyzed and solutions offered.

Recommendation Nine: Create a single point of contact in the Texas Department of Health to coordinate with the Interagency Aging Policy Council, the area agencies on aging and other organizations concerned with aging health issues.

Recommendation Ten: Support policies and funding that increase public health promotion and support intergenerational, societal and family social support programs. Particular focus should be given to minority families.

Additional Policy Areas Related to A Healthy Aging Texas

Employment Opportunities: There should be vigorous promotion of life-long learning and meaningful employment opportunities for older students and workers by educating employers, offering worker re-training and employment opportunities.

Affordable Housing: The IAPC and the SHCC should work explicitly with the Texas Department of Housing and Community Affairs in the continued development of affordable housing with easy access to health care settings.

Volunteerism: Volunteer programs that provide services related to good health (such as transportation, respite care, etc.) and that offer seniors opportunities to stay mentally and physically engaged should be enhanced. Examples of model volunteer programs include Family Pathfinders, RSVP and others.

Endnotes

1. Texas Department of Health, *Aging Texas Well: A Health Perspective*, 1999.

2. Zaffirini, Judith, et. al, *S.C.R. No. 36*, 75th Texas Legislature, 1997.

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6. U.S. Preventive Services Task Force, 1994.

7. National Alzheimer's Disease and Related Disorders Association, Inc., 1998.

8. Texas Department on Aging, 1998.

9. Health Resources & Services Administration, *A National Agenda for Geriatric Education*, White Papers, Volume 1, 1998.

10. Ibid

11. Ibid.

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14. Texas Health and Human Services Commission, in collaboration with the University of Texas, *Community Transportation in Texas*, December 1998.

15. Texas Department of Health, *Aging Texas Well: A Health Perspective (excerpt)*, 1999.

Acknowledgements

The Texas Interagency Aging Policy Council advises the Texas Department on Aging on how the agency can best serve as a source of expertise and information on aging policy issues for the legislative and executive branches of state government. Council members are listed below:

Texas Health and Human Services Commission

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Texas Department of Protective and Regulatory Services
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Texas Workforce Commission

Texas Department of Health

Texas Department of Human Services

Texas Department of Housing and Community Affairs

Texas Center for Rural Health Initiatives

Texas Department of Transportation

Texas Institute for Health Policy Research

Texas Association of Area Agencies on Aging

Texas Criminal Justice Policy Council

Texas Department of Insurance

AARP of Texas

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